



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
CAROL BURTON, INTERIM DIRECTOR

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OATH OF CONFIDENTIALITY County & Community Based Organizations (CBOs)

Pursuant to Section 5328 of the Welfare and Institutional Code and Alameda County Behavioral Health Care Services (BHCS) referenced policies and procedures (see below), I agree not to divulge to any unauthorized persons any information obtained in the course of my employment, quasi-employment (volunteer work), or internship within Alameda County Health Care Services system.

In addition, I understand and agree to comply with Confidentiality Policies and Procedures as established by ACBHCS including but not limited to the following:

- ✓ BHCS Compliance and Integrated Ethics Plan
- ✓ Position Statement on Communication of Client Information
- ✓ Management of Protected Health Information
- ✓ Policy on Clinical Data Security
- ✓ BHCS Systems & Data Confidentiality, Security and Usage Agreement
- ✓ HIPAA Breach Reporting Policy
- ✓ Records Storage and Retention Policy & Procedure
- ✓ Secure Communications Policy
- ✓ Privacy, Security and Oath of Confidentiality of Substance Use Services, Records and Information Policy and Procedure

Resources:

- ACBHCS Quality Assurance Manual:
http://www.acbhcs.org/providers/QA/qa_manual.htm
- Privacy, Security and Oath of Confidentiality Information:
http://www.acbhcs.org/providers/QA/docs/qa_manual/11-29_OATH_OF_CONFIDENTIALITY.pdf
- W&I 5328:
http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5328

I understand that unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutional Code. Violations of this Oath will be handled in a manner consistent with the CBO's and/or County's disciplinary process and may be subject to prosecution by local, state, and federal authorities. Yes ☐ No ☐

I acknowledge that I have received, read and understand and shall abide by the Welfare and Institutions Code Section 5328 and associated ACBHCS policies related to confidentiality. Yes ☐ No ☐

Signature

Date

Print Name

